



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

JUN 08 1995

Dear Notifier:

REPLY TO THE ATTENTION OF:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,


Sharon J. Kiddon
Environmental Protection Specialist



Ownership Change

0310455039

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-07

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

S. EPA. REGION V

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

ILD005443767

II. Name of Installation (Include company and specific site name)

TRINITY INDUSTRIES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2705 STATE STREET

Street (Continued)

City or Town

CHICAGO HEIGHTS

State

Zip Code

IL 60411-

County Code

County Name

031 COOK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

HELMER

FLETCHER

Job Title

Phone Number (Area Code and Number)

CORP. ENVIRO. COO 214-631-4420

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

☐ ☐ ☒ 2525 STEMMONS FREEWAY

City or Town

DALLAS

State

Zip Code

TX 75207-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

TRINITY INDUSTRIES, INC.

Street, P.O. Box, or Route Number

2525 STEMMONS FREEWAY

City or Town

DALLAS

State

Zip Code

TX 75207-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

214-631-4420

P

P

Yes ☒ No ☐

11 05 84

RCRIS ENTRY MAY 24 1995

RECEIVED
MAY 01 1995
WMD RECORD CENTER

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☒ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Refractory
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F001	2 F003	3 F005	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Fletcher W. Helmer

Name and Official Title (Type or print)

CORPORATE ENVIRONMENTAL COORD.

Date Signed

4/17/95

XI. Comments

CHANGE OF OWNERSHIP NEVER FILED

D008 ONE TIME SHIPMENT FEB → APRIL 1995

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•TL0005443767

INSTALLATION ADDRESS

ALLIED ILLINOIS STRUCTURAL STEEL CO
P.O. BOX 10587
DALLAS TX 75207
2705 STATE ST
CHICAGO HEIGHTS IL 60411

01/26/85

m 1/24

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

I.	INSTALLATION'S EPA I.D. NO.
II.	NAME OF INSTALLATION
III.	MAILING ADDRESS
IV.	LOCATION OF INSTALLATION

MOTON P.O.

COPY RECEIVED

PLEASE PLACE LABEL IN THIS SPACE

JAN 08 1985

21 JAN 1985

**WMD-RAIU
EPA, REGION V**

21 JAN 1985

MOTON P.O.

COPY

RECEIVED
REPLACE LABEL IN THIS S

JAN 08 1985

21 JAN 1985

WMD-RAIU
EPA, REGION V

21 JAN 1985

FOR OFFICIAL USE ONLY

[illegible]

INSTALLATION'S EPA I.D. NUMBER							APPROVED	DATE RECEIVED (yr., mo., & day)
S	I	L	D	O	O	T/A C	A	850108
F	1	4	0	0	5	4	1	0
1	2	3	4	5	6	7	8	9

I. NAME OF INSTALLATION

A	L	L	I	E	D		I	L	L	I	N	O	I	S		S	T	R	U	C	T	U	R	A	L		S	T	E	E	L		C	O	.
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX														
C	P	.	O	.	B	O	X	1	0	5	8	7		

CITY OR TOWN															ST.		ZIP CODE					
C	4	D	A	L	L	A	S									T	X	7	5	2	0	7

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER																				
C	5	2	7	0	5		S	T	A	T	E		S	T	.					

CITY OR TOWN																		ST.		ZIP CODE				
C	6	C	H	I	C	A	G	O		H	E	I	G	H	T	S		I	L	6	0	4	1	N

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																						
C																																					
2	R	I	D	D	L	E	S	,		J	E	R	R	Y	S	A	F	E	T	Y	D	I	R			2	1	4	-	6	3	1	-	4	4	2	C
15	16																								AS	AC	-	AS		AS	-	RL		RS	-	SC	

V. OWNERSHIP

[illegible]

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> M </div> </div>	<input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

☐ 61 A. AIR ☐ 62 B. RAIL ☐ 63 C. HIGHWAY ☐ 64 D. WATER ☐ 65 E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="checked" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	<div style="border: 1px solid black; padding: 5px;"> C. INSTALLATION'S EPA I.D. NO. <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </div>
-------------------------------------------------------------------------	------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

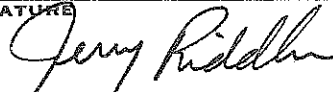
☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Jerry Riddles
Assistant Corporate Safety Director

DATE SIGNED

21-21-84

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.I. NAME OF IN-
STALLATIONII. INSTALLA-
TION
MAILING
ADDRESSIII. LOCATION
OF INSTAL-
LATION

PLEASE PLACE LABEL IN THIS SPACE

WMD-RAIU
EPA, REGION V

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER													APPROVED			DATE RECEIVED (yr., mo., & day)		
F I L D 0 0 5 4 4 3 7 6 7													A			8 5 0 1 0 8		
1 2 3 4 5 6 7 8 9 10 11 12													13 14 15			16 17 18 19 20 21 22		

I. NAME OF INSTALLATION

A L L I E D I L L I N O I S S T R U C T U R A L S T E E L C O .

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P . O . B O X 1 0 5 8 7

CITY OR TOWN

4 D A L L A S T X 7 5 2 0 7

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 2 7 0 5 S T A T E S T .

CITY OR TOWN

6 C H I C A G O H E I G H T S I L 6 0 4 1 1

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 R I D D L E S , J E R R Y 2 1 4 - 6 3 1 - 4 4 2 0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 T R I N I T Y I N D U S T R I E S , I N C .

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W															

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

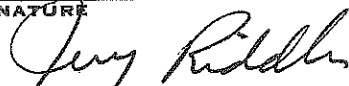
☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Jerry Riddles
Assistant Corporate Safety Director

DATE SIGNED

12-21-84

S
W
1 2

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

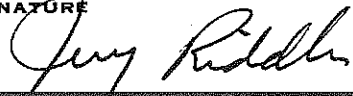
☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



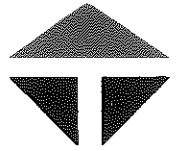
NAME & OFFICIAL TITLE (type or print)

Jerry Riddles
Assistant Corporate Safety Director

DATE SIGNED

12-21-84

TRINITY INDUSTRIES, INC.



December 21, 1984

CERTIFIED MAIL #P 674 696 563

U.S. Environmental Protection Agency
EPA Region V, RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

RE: Notification of Hazardous Waste Activity For
Allied Illinois Structural Steel Co., 2705
State Street, Chicago Heights, Dupage Cook
County, Illinois 60411

Dear Sir:

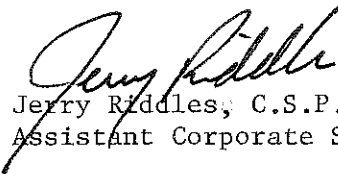
Trinity Industries, Inc., has just purchased the Allied Illinois Structural Steel Co., in Chicago Heights, you will have attached your EPA Form 8700-12 (6-80) "Notification of Hazardous Waste Activity".

The bulk of this facilities productions has been black steel (unpainted product) with no hazardous waste generated except oils like crank case, and hydraulic oils which have been sold for recovery.

We have some plans for new products for this facility which may generate enough waste to exceed the "Small Quantity Generator" status. I therefore respectfully request an EPA identification number for this facility.

Please contact me if you have any questions. Please address all correspondence to my attention.

Thank you,



Jerry Riddle, C.S.P., C.H.C.M., C.H.M.M.
Assistant Corporate Safety Director

JR:cc

NON-NOTIFIER REPORT

1. Non-Notifier Report prepared by the Waste Management Division, Michigan Department of Environmental Quality, Lansing, Michigan, 48909.
2. Reported by: Connie L. Pennell, Michigan Department of Environmental Quality, (517) 373-1217.
 - a. Date of Report: August 27, 1997
 - b. Generator Name: Trinity Industries
 - c. Generator Address: 2705 S State Street
Chicago Heights, IL 60411
 - d. Generator Phone Number: 214-589-8409
3. Date the EPA referral was received by MDEQ detected by Michigan's Manifest System:
4. Description of action taken by state including person(s) contacted by state, date(s) and type(s) of contact(s) and information obtained:

Company is listed as SQG yet are shipping enough waste to be listed as LQG
5. List of supporting documents attached:

MI4481416
6. Type of enforcement action recommended by MDEQ: Refer to appropriate Regional Office for follow-up action by State Agency.
7. Type of waste or process producing waste: D008

DNR WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Part 111 and Part 121 of Act 451, 1994, as amended.

Failure to file may subject you to criminal and/or civil penalties, under Sections 324.11151 or 324.12116 MCL.

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. I L D 0 0 5 4 4 3 7 6 7 8 1 4 1 6		Manifest Documents No. 10		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address Trinity Industries 2705 South State Street, Chicago Heights, IL 60411						A. State Manifest Document Number MI 4481416											
4. Generator's Phone (214) 589-8409						B. State Generator's ID											
5. Transporter 1 Company Name JACK GRAY, INC.				6. US EPA ID Number IND042534875		C. State Transporter's ID											
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 219-938-7020											
9. Designated Facility Name and Site Address Michigan Disposal, Inc. 49350 N. I-94 Service Drive Belleville, MI 48111				10. US EPA ID Number MID000724831		E. State Transporter's ID											
						F. Transporter's Phone											
						G. State Facility's ID											
						H. Facility's Phone (800) 592-5489											
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.		N/H			
a. X RQ, Hazardous Waste Solid, N.O.S., 9, NA3077; III- (D008) (Lead)						001 D T 00018 Y				D008		H					
b.																	
c.																	
d.																	
J. Additional Descriptions for Materials Listed Above Michigan Disposal contact: Amy Jo Meyers (800) 875-8722 Trinity contact: Fletch Helmer (214) 589-8409 ERG #171						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /											
15. Special Handling Instructions and Additional Information Approval #070297MN																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name RON MACFARLANE										Signature Ron MacFarlane Trinity agent for						Date 070797	
17. Transporter 1 Acknowledgement of Receipt of Materials																Date	
Printed/Typed Name MECHEAL J. VICK										Signature Michael J. Vick						Date 070797	
18. Transporter 2 Acknowledgement of Receipt of Materials																Date	
Printed/Typed Name										Signature						Date	
19. Discrepancy Indication Space MDI Received 47,200 lbs. at 23.6 Tons																	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name J. Stalfeld										Signature J. Stalfeld						Date 070797	

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

GENERATOR

TRANSPORTER

FACILITY

0000 1225 0993

Required under authority of Part 111 and
Part 121 of Act 451, 1994, as amended.

Failure to file may subject you to
criminal and/or civil penalties, under
Sections 324.11151 or 324.12116 MCL.

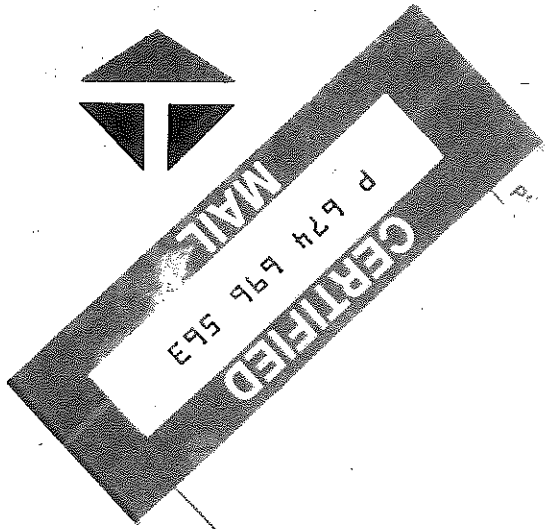
DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IL D 0 0 5 4 4 3 7 6 7 8 1 4 1 9		Manifest Document No. 1 4 1 9		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Trinity Industries 2705 South State Street, Chicago Heights, IL 60411						A. State Manifest Document Number MI 4481419							
4. Generator's Phone (214) 589-8409						B. State Generator's ID							
5. Transporter 1 Company Name JACK GRAY TRANSPORT INC.						C. State Transporter's ID							
6. US EPA ID Number IL D 0 4 2 5 3 4 8 7 5						D. Transporter's Phone 214-938-7026							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address Michigan Disposal, Inc. 49350 N. I-94 Service Drive Belleville, MI 48111						G. State Facility's ID							
10. US EPA ID Number MI D 0 0 0 7 2 4 8 3 1						H. Facility's Phone (800) 592-5489							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and HM ID NUMBER). a. X RQ, Hazardous Waste Solid, N.O.S., 9, NA3077, III (D008) (Lead)						12. Containers No. Type 0 0 1 D T		13. Total Quantity 0 0 0 1 8		14. Unit Wt/Vol Y		I. Waste No. N/H D 0 0 8 H	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above Michigan Disposal contact: Amy Jo Meyers (800) 875-8722 Trinity contact: Fletch Helmer (214) 589-8409 ERG #171						K. Handling Codes for Wastes Listed Above		a/ /		b/ /		c/ /	
								d/ /					
15. Special Handling Instructions and Additional Information Approval #070297MN													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name RON MAC FARLANE						Signature Ron MacFarlane						Date 07/07/97	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature Wayne Hohl						Date 07/07/97	
Printed/Typed Name WAYNE HOHL						Signature Wayne Hohl						Date 07/07/97	
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature						Date	
Printed/Typed Name						Signature						Date	
19. Discrepancy Indication Space MDI received 48600 LBS at 24 tons													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name James A. Vigners						Signature James A. Vigners						Date 07/07/97	



U.S. Environmental Protection Agency
EPA Region V, RCRA Activities

~~P.O. Box 7861~~

Chicago, Illinois ~~60680~~

Box # A-3587
60690

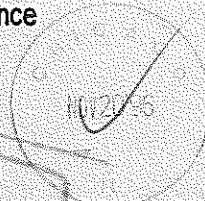
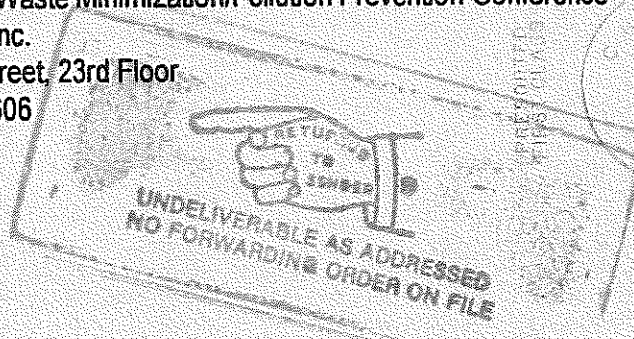




**U.S. EPA Region 5
Waste Minimization
Pollution Prevention
Conference
1997**



U.S. EPA Region 5 Waste Minimization/Pollution Prevention Conference
c/o A. T. Kearney, Inc.
222 West Adams Street, 23rd Floor
Chicago, Illinois 60606



file

ILD005443767

NN7

REC
TRINITY IND
FLETCHER HELMER
2705 STATE ST

CHICAGO HEIGHTS, IL

RECEIVED
APR 28 1999

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5